Recommendations on the Proposed

## Alberta Family Life and Drug Abuse Foundation

# A View to the Future

A Report by the Policy Advisory Committee to the Minister of Health

Alberta
HEALTH

91-01381/

Honourable Nancy J. Betkowski
Minister of Health
Room 323
Legislature Building
Edmonton, Alberta
T5K 2B6

March 5, 1990

Dear Mrs. Betkowski:

It is my pleasure to present the following report from your Policy Advisory Committee which contains recommendations on the proposed Alberta Family Life and Drug Abuse Foundation. The recommendations are based on information received from Albertans from all walks of life including experts in the field of addictions and family services, community organizations, representatives from industry, government agencies and families. We feel that we are able to present a global view of the situation in Alberta as it relates to the proposed Foundation and are confident that the information represents a wide spectrum of views and ideas that exist across the province. We are committed to the creation of this Foundation and believe that it has a unique role to play in developing new ways to address the issues of family life and substance abuse.

The Committee members, without exception, have gained greatly from the experience of having worked on this project. Initially some concerns were expressed. However, any doubts Committee members may have had were quickly dispelled as we began to explore the issues concerning substance abuse — what it is, how it occurs, who it afflicts and how it affects the individuals and families involved. The Committee had an opportunity to learn first-hand about the extent of substance abuse in Alberta. We were struck by the high personal and social costs arising from these problems. We also gained an appreciation of the complexity of these problems and came to realize that the causal factors involved in substance abuse are also associated with a wide range of personal and family difficulties. Therefore, we strongly encourage the government to continue in its efforts to decisively address a problem that threatens our greatest social asset — the family — and our hope for the future — our youth.

This Committee was only able to complete its task thanks to the help of the many individuals, groups and institutions who presented their comments to us. We acknowledge their efforts and thank them for preparing such thoughtful submissions. We are sincerely grateful for the help they gave to the Committee and applaud the invaluable work they do in the treatment and prevention of substance abuse.

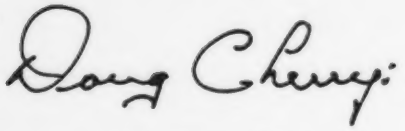
As Chairman of the Policy Advisory Committee, I also wish to express my thanks to each member of the Committee. Their interest in studying the complexities of the issues, candor in expressing their concerns, frankness in discussing the issues with presenters, dedication to a project which at times appeared overwhelming, and cooperation in reaching consensus after hours of debate is appreciated. This Committee is

fortunate to have members from a variety of backgrounds, each having some involvement in the health field. This diversity enabled us to consider the many different aspects of the information heard and the recommendations made.

Thanks are also extended to the Alberta Alcohol and Drug Abuse Commission (AADAC), about which we heard many laudatory comments throughout the consultation process. AADAC provided the Committee with a background to the substance abuse problem in Alberta and provided information on addiction services and facilities available in the province.

We are also very grateful to the members of various treatment centres and foundations in British Columbia, Saskatchewan, Ontario and the United States, which readily provided us with information on their activities.

In today's rapidly changing, increasingly complex society, the importance of strong family support is vital to the well-being of Albertans. Family support is an essential component to avoiding substance abuse and in coping effectively with the stresses of our highly competitive society. People, particularly those with the greatest need, recognized and applauded the province for its initiative in addressing substance abuse and its effect on Alberta families. Albertans recognize the potential of the Foundation as a mechanism to further improve their quality of life. This Committee looks forward to the establishment of the Foundation with pride and confidence in our province.



Doug Cherry, MLA
Chairman

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# I. Policy Advisory Committee to the Minister of Health

## A. Members

**Chairman** — **Doug Cherry, MLA, Lloydminster**
Elected as MLA in 1986 and re-elected in 1989. Former Councillor and Board of Education Trustee.

**Vice-Chairman** — **Patricia Black, MLA, Calgary Foothills**
Elected as MLA in 1989. Owns a consulting business in Calgary. Former Manager with Sabre Energy and Suncor Inc.

**Committee Members**

**Adelaide Davis, Medicine Hat**
A registered nurse, currently employed with Southeastern Health Unit in Medicine Hat.

**Iris Evans, Sherwood Park**
Elected Reeve for the County of Strathcona in 1989, having been a Councillor since 1983. Graduated as a registered nurse.

**Gerry Hachey, Fahler**
A graduate of the Health Care Administration Program. Currently Assistant Administrator at Sacred Heart Health Centre.

**Ken Mark, Spruce Grove**
A management consultant specializing in rural health care challenges. Graduated with a B.Sc. in Physical Therapy and a Masters of Health Services Administration.

**Douglas Tien, Camrose**
Partner in an accounting firm in Camrose. Graduated with a B.Comm. and received his C.A. designation. Currently a Hospital Trustee.

**Sid Wallace, Calgary**
A graduate of the Health Care Administration Program. Retired from the medical branch of the Royal Canadian Navy where he served as a Medical Administration Officer.

**Nomi Whalen, Calgary**
Graduating with a B.Ed. and an M.A. in Psychology, she has been a teacher with the Calgary School Board, a writer, a counsellor, and a City of Calgary Alderman.

## B. Scope and Mandate

Alberta families today are diverse in structure and composition. They face an array of challenges in their everyday lives: family finances, child care, education, and relationships between generations, for example. In addition to these challenges, the stability of many families is undermined by such serious problems as substance abuse,[1] separation, divorce, child abuse, family violence, and crime. Indeed, substance abuse so often appears as a co-factor with these other problems that it serves as an appropriate entry point for the proposed Foundation to focus its work in support of Alberta families.

Alberta is already internationally recognized for the excellence of the substance abuse treatment and prevention programs delivered by the Alberta Alcohol and Drug Abuse Commission (AADAC). However, addressing substance abuse and improving the lives of Alberta families involves a long-term, coordinated effort from the government and all sectors of the community. Working with revenues from a $200 million endowment identified within the Alberta Heritage Savings Trust Fund, the proposed Foundation would exist as a separate entity but would operate, as required, in a close and complementary relationship with the community, AADAC, and other government agencies.

The problems of substance abuse and other family issues are complex. To be successful, this Foundation must be flexible in approach. It must dedicate itself to the search for innovative and effective means to ensure that Alberta is working to improve the quality of life for its people.

On August 17, 1989, the Honourable Nancy Betkowski, Minister of Health, introduced draft legislation for the proposed Alberta Family Life and Drug Abuse Foundation (Appendix A). She announced that her Policy Advisory Committee would be assigned the task of studying the issues of family life and substance abuse in Alberta. The committee was asked to specifically examine the areas of education, community involvement, treatment, and research and evaluation.

Regarding education, the Government of Alberta has expressed its desire to find innovative ways to address educational and preventive programs, and to enhance awareness of substance abuse among those who are in close contact with Alberta youth. In terms of community involvement, the coordination of government and community action is vital to the effectiveness of society's reduction of the problem and support must be available to parents and young people. In the area of treatment, innovative approaches need to be encouraged to ensure that Alberta is providing the most effective methods to help those in difficulty. Evaluation is important to the success of any program to ensure that a specific approach is providing the desired results. Also, research is necessary to provide insight into those areas about which little is known, such as the physical and environmental factors which predispose individuals to substance abuse.

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[1]In this report "substance abuse" will be used as a general term referring to the abuse or misuse of alcohol, tobacco, illicit drugs, prescribed medications, and over-the-counter drugs.

The two major tasks assigned by the Minister of Health to the Committee were:

1) to identify issues and suggested actions to better address substance abuse problems within the family; and

2) to provide recommendations to the Minister regarding the focus and form which the proposed Alberta Family Life and Drug Abuse Foundation should take in order to most effectively address these issues.

In order to secure the views and opinions of various groups and individuals, approximately 600 letters, outlining the work of the committee and requesting public input, were sent to interest groups throughout Alberta. The committee consulted with experts in the field of addictions and family services, government agencies, community groups and concerned individuals in the province (Appendix B).

The committee began its work in October, 1989. Over the course of the formal consultations, which included visits to ten centres throughout Alberta from October 30, 1989 to December 6, 1989, and during the weeks that followed, the Committee received 204 submissions. These consisted of 73 briefs with oral presentations, 35 mailed briefs, 26 items of correspondence, and 70 public meeting presentations without briefs (Appendix B).

The committee also reviewed addictions treatment and prevention services provided by AADAC (Appendix C) as well as the major substance abuse services offered by other provincial government agencies (Appendix D).

## C. Summary of Recommendations

**Recommendation 1:**

That the name of the proposed Foundation be changed to "Family Life and Anti-Substance Abuse Foundation."

**Recommendation 2:**

That the object of the proposed Foundation be to strengthen Alberta families with the ideal of eliminating substance abuse. The Foundation will stimulate the discovery of new knowledge and the application of that knowledge by directing its energy to prevention, treatment, and research into the relationship between substance abuse and family life.

**Recommendation 3:**

That the Foundation fund the development and evaluation of new educational and public awareness programs on substance abuse and family life.

**Recommendation 4:**

That the Foundation fund the development and evaluation of new methods for the treatment of substance abuse.

**Recommendation 5:**

That the Foundation grant scholarships, bursaries, and fellowships to individuals pursuing studies in the field of substance abuse.

**Recommendation 6:**

That the Foundation provide resources for innovative basic and applied research projects on the relationship between substance abuse and family life, for the evaluation of proposed and current programs, and for the development of an information base on family life and substance abuse in Alberta.

**Recommendation 7:**

That the Foundation adopt the following guidelines:

7.1: The Foundation will:

a) take a health promotion approach.

b) support projects that demonstrate potential for innovation and excellence.

c) support projects that establish and enhance cooperation and coordination between groups and agencies.

d) operate at arm's length from government.

7.2: The Foundation will not:

a) support projects which duplicate services provided by other departments and agencies.

b) provide direct services to the public.

c) provide on-going, operational funding.

**Recommendation 8:**

That the Government of Alberta ensure the Foundation has access to Deputy Ministers of related departments to provide exchange of information and to promote cooperation.

**Recommendation 9:**

That the Foundation establish regular contact with other government commissions and boards working in the field of substance abuse and the family in order to ensure that efforts are cooperative and complementary.

**Recommendation 10:**

That the following revisions be made to the draft Foundation Act:

10.1: 1(c) "Foundation" means the Alberta Family Life and Drug Abuse Foundation established by this Act.

Change to: Family Life and Anti-Substance Abuse Foundation

10.2: Add Section 4:

The object of the Foundation is to strengthen Alberta families with the ideal of eliminating substance abuse. The Foundation will

stimulate the discovery of new knowledge and the application of that knowledge by directing its energy to:

a) funding the development and evaluation of new educational and public awareness programs on substance abuse and family life.

b) funding the development and evaluation of new methods for the treatment of substance abuse.

c) granting scholarships, bursaries, and fellowships to those pursuing studies in the field of substance abuse.

d) providing resources for innovative basic and applied research projects on the relationship between substance abuse and family life, for the evaluation of proposed and current programs, and for the development of an information base on family life and substance abuse in Alberta.

10.3: 5(a) make grants to any person or organization for a purpose consistent with the object of the Foundation.

Change to: make grants and/or awards to any person or organization for a purpose consistent with the object of the Foundation.

10.4: 5(e) acquire real or personal property;

Change to: 5(e) acquire real or personal property, subject to ministerial approval over a specified monetary limit.

10.5: 5(f) hold, manage and dispose of its real and personal property;

Change to: hold, manage and dispose of its real and personal property, subject to ministerial approval over a specified monetary value.

10.6: Add: 5(h) establish any committee that it considers appropriate to act in an advisory, administrative or technical capacity in connection with any matter pertaining to the objects of the Foundation.

10.7: Add: 5(k) The Foundation may accept subscriptions, donations, devices and bequests of real or personal property.

10.8: Add: Triennial Report

As soon as practicable after the end of each 3-year period starting from the establishment of the Foundation, the Foundation shall prepare a report for that 3-year period containing

a) a comprehensive statement and evaluation of the activities of the Foundation in terms of its objects,

b) a summary of the financial statements for the years included in the 3-year period,

c) a report of projects undertaken and the grants or awards approved for those projects, and

d) a summary of all projects approved and the funds expended on those projects.

**Recommendation 11:**

That the Government of Alberta ensure that the proposed Foundation

commence operations as soon as possible after passage of the legislation.

**Recommendation 12:**

That the Government of Alberta develop a provincial substance abuse strategy.

**Recommendation 13:**

That the Government of Alberta, through the Alberta Alcohol and Drug Abuse Commission (AADAC), develop and support a comprehensive database of all substance abuse agencies and treatment programs operating in Alberta.

**Recommendation 14:**

That the Minister of Health conduct a detailed assessment of submissions received during the public consultations which express concerns that will not be addressed by the proposed Foundation.

**Recommendation 15:**

That the Government of Alberta provide additional specialized detoxification and residential treatment services to meet the unique needs of adolescents.

**Recommendation 16:**

That the Government of Alberta provide additional treatment and prevention services to assist in meeting the unique needs of Native communities.

**Recommendation 17:**

That the Department of Education ensure that mandatory substance abuse and life management courses be implemented within the kindergarten to grade 12 curricula and ensure that the necessary training of teachers be provided.

**Recommendation 18:**

That the Government of Alberta implement mandatory monitoring of all prescription drugs via a central database accessible by all pharmacists.

**Recommendation 19:**

That the Government of Alberta designate public awareness initiatives encouraging responsible use of alcohol as a high priority and ensure that adequate resources are available to support these efforts.

**Recommendation 20:**

That the Government of Alberta encourage and support private and public sector employee assistance programs.

**Recommendation 21:**

That the Government of Alberta promote and support the use of such techniques as "distance learning" to enable individuals seeking training as care-givers to receive such training in their home communities.

# II. Introduction

## A. Background to the Proposed Foundation

Alberta is facing major new challenges. The government and virtually all Albertans are struggling with the changing face of society. The growing complexity and stresses of daily living pose major challenges for all Albertans. These issues must be addressed as we move into the 1990s and the 21st century.

Alberta faces problems similar to those in other provinces and in other countries.

At the Western Premiers' Conference, held June 26-28, 1989 in Camrose, Alberta, Western Premiers agreed on the importance of enhancing and supporting the family unit because of its fundamental position in the social and economic structure of our society. The Premiers noted that families and community-based volunteer organizations must once again have a central role in providing social and family support services.

During the past year, all four western provinces have introduced important new initiatives to assist families in managing life pressures, in combating the threats of substance abuse, increasing parenting effectiveness, accessing quality health care, developing a healthy lifestyle, addressing child and spousal abuse, and alleviating poverty.

### 1. Alberta Government Position

The Alberta Government recognizes the need to provide leadership in building a better and stronger future. It has demonstrated its commitment to developing the province and providing essential services, while addressing social issues of concern to Albertans in a consistent, coordinated, and effective way.

This commitment to both the family and to providing the necessary leadership in policy development is stated in the Alberta Government's 1988 document *Caring and Responsibility: Social Policy for the Future*:

> The government will provide the necessary leadership and overall responsibility for provincial social policies, and will provide support and resources to create an environment in which Albertans can work together, be self-reliant, and take responsibility for their own lives, their families, and their communities (p. 9).
>
> Government policies and programs must recognize the paramount importance of the family as the basic unit of our society and the diversity of family structures, and must support and strengthen the role of the family in Alberta society (p. 12).

This broad social policy framework serves as a basis for establishing goals and priorities and for taking decisive action such as establishing the proposed Alberta Family Life and Drug Abuse Foundation.

Alberta has in place an array of support programs which make it the

envy of most other provinces. There are outstanding services in education and health care and a range of social and community services.

It falls to no one government agency or community organization to address substance abuse, stress, or the many other factors that affect Albertans and the stability of their families. The departments of Health, Family and Social Services, Education, and Solicitor General, as well as AADAC, community health units and hospitals, mental health clinics, schools, courts, and police forces are all dealing with the impact of rapid change and must be part of a cooperative and enduring response to the problems inherent in our changing society.

This is the vision behind Premier Getty's innovative proposal to establish the Alberta Family Life and Drug Abuse Foundation.

## B. Relationship of Family Life and Drug Abuse

Families form the cornerstone of society. It is from our families that we receive basic instruction about life. Through families we learn our values, derive our stability, nurture our sense of health, and develop the skills that sustain us throughout our lives.

However, the traditional, 1950s view of the two-parent, two-child family rarely exists today. Alberta society today is diverse, with a wide range of lifestyles, family structures, values, religions, cultures, traditions, beliefs, and personal goals. Families contend with a host of challenges such as financial security, child care, housing, education, relationships between generations, career development, providing for retirement and old age. The stability of many families, and their ability to meet these challenges, may be compromised by such serious problems as substance abuse, separation and divorce, child abuse, family violence, sexually transmitted disease, and crime.

Recognizing that substance abuse is often implicated in these other problems and issues facing Alberta families, Premier Getty advanced the concept of a Foundation capable of concentrating resources on this key factor in family instability. The proposed Foundation would help all Albertans to deal more effectively with the changes they are experiencing. Helping families cope with the strains of modern life must be a shared responsibility between individuals, families, communities, and government.

The Government of Alberta has taken an important step in recognizing the destructive effects of substance abuse on families and in proposing the establishment of the Alberta Family Life and Drug Abuse Foundation to further strengthen the family unit. It is an initiative based on the principles that the self-reliant individual is paramount and that participation in the family, the community, and the province give life and strength to society.

# III. Overview From Public Consultations

## A. Introduction

As described in the "Scope and Mandate" part of Section II, one of the two tasks assigned by the Minister of Health to her Policy Advisory Committee involved conducting consultations with individuals, community groups, health professionals, researchers, and experts in the fields of addictions and family services. These individuals and groups were asked for ideas and advice on current issues and innovative solutions to counter substance abuse and its effects on Alberta families. Suggestions were also sought for action and services needed in the mandated areas of the proposed Foundation as well as on its overall purpose, structure, and operation.

Through this process the Committee was exposed to a diversity of ideas, concerns, criticisms, and tributes on the many aspects and current activities relating to family life and substance abuse issues. It is the Committee's assessment that the submissions, as summarized in this section, represent a wide cross-section of views held by individuals, parents, community groups, agencies, health professionals, and experts in addictions and family service in Alberta.

## B. Purpose

This section will be devoted to fulfilling the Committee's first task, which is to report the key ideas and suggestions for action from submissions received during the consultations. These items were judged to be "major" the more often they were stated, the greater their validity, or the greater the credibility or authority of the source.

The Committee's intent was to identify the key ideas and suggestions without necessarily making comment on their validity, their feasibility, or their desirability as measures to be taken, or on who or what groups should assume responsibility for carrying them out. Indeed, much of the information received extends beyond the Committee's second task of identifying a role for the proposed Foundation and making recommendations on how it might be structured and operated (to be taken up in Section V).

For the present section, however, the objective is to summarize the public's ideas for action and services in order to address perceived needs and issues. These suggestions will be grouped, within a health promotion framework, as outlined herein.

**Figure 1**

**Examples of Health Promotion/Recovery Measures on Substance Abuse***

| **Substance abuse problems absent** | | **Substance abuse problems present** | |
|---|---|---|---|
| **No risk** | **Low risk** | **Moderate risk** | **High risk** |
| **Health promotion** | | **Health recovery** | |
| **Personal/ community enhancement** | **Risk avoidance/ reduction** | **Early identification** | **Treatment/ rehabilitation** |
| Programs to build communication networks among community groups<br>Programs to enhance self-esteem<br>Community-based social and recreational services<br>Training in life management, parenting, personal relationships, assertiveness, etc.<br>Programs to enhance personal competence and decision-making | School policies to prevent alcohol/ drug use by students<br>Programs to promote responsible use of medications by elderly<br>Funding by municipality to police services to reduce illicit drug supplies<br>Services for children of problem drinkers<br>Server intervention programs in licensed establishments | Employee assistance programs in the workplace<br>Training of health care providers to screen for substance abuse problems among clients<br>Training of physicians to assess patients and provide brief interventions<br>Programs in the community to increase awareness of substance abuse problems | Mobile treatment in Native communities<br>Assessment and referral services<br>Detoxification<br>Inpatient services<br>Family support programs<br>Aftercare and relapse prevention<br>Adolescent treatment services |

*Adapted from Ministry of Health, Ontario. 1988. *A Framework for the Response to Alcohol and Drug Problems in Ontario.* p. 39.

## C. Health Promotion Framework

The health promotion framework was adapted from a planning process developed in Ontario to assist in the delivery of addictions services.[2] This framework includes both health promotion and health recovery initiatives which, together, represent a health promotion approach. Programs taking a health promotion approach place their focus on people; they seek to understand unique needs of individuals and communities in the context of their own experience; and they help people establish the resources and create the environments needed to enhance their personal, family and community well-being.

This framework includes the commonly recognized range of measures,

[2]Ministry of Health, Ontario. 1988. *A Framework for the Response to Alcohol and Drug Problems in Ontario.*

for groups at varying degrees of risk of developing substance abuse problems, across the spectrum from health promotion to health recovery. These measures include both broad and focused initiatives to promote personal health, promote family and community well-being, assist in risk avoidance/reduction, achieve early identification and, finally, offer treatment and follow-up for people with substance abuse disabilities.

The framework was further adapted by adding to it a "general" category to incorporate ideas that applied to both health promotion and health recovery and by adding research under both health promotion and health recovery. In addition, the sub-categories of community involvement and education were identified to provide further focus in categorizing ideas. These adaptations are reflected in the following discussion.

## D. Overview from Submissions

### 1. Health Promotion: Personal/Community Enhancement

Included below are the key suggestions from submissions for strategies and measures to promote personal health and family and community enhancement. They would involve individuals, families, and communities at low immediate risk of developing substance abuse problems. Their general aims are to increase the acceptability and desirability of abstaining from alcohol and drugs and/or to use them responsibly. As health promotion measures, they could be presented in the context of other health lifestyle practises (e.g., smoking, nutrition, fitness) in the interests of health and social well-being.

**a) Education**

1. Provide more education on family life and substance abuse, integrated into the curriculum, kindergarten to grade 12, which combines consistent and comprehensive information on alcohol and drugs with development of skills in life management, personal relationships, coping, assertiveness, parenting, and self-esteem enhancement. Attendance by all children should be mandatory.
2. Work closely with the Minister of Education, schools and school boards, teachers, parent advisory groups, and addictions experts to develop and implement programs with due regard for the strengths and weaknesses of the current service delivery systems.
3. Include tobacco use in drug education programs.
4. Establish a broad-based primary prevention program, including training and support for parents of all ages and stages in parenting skills, recognition of substance abuse, and the promotion of services from early childhood onwards.
5. Provide programs to train lay counsellors in all age groups, teachers and other professionals on substance abuse, parenting and self-esteem development courses to be delivered in schools and the community.
6. Build on existing successful efforts in substance abuse prevention through service club programs such as the Lions' Quest — Skills for

Adolescents and Brite Music Program, family support programs through Family and Community Support Services, and addictions programming through AADAC.

7. Provide content-appropriate educational resources leading to life-enhancing opportunities for special needs groups, as required.

**b) Community Involvement**

8. Address support and enhancement of the family and substance abuse as community issues in which everybody — individuals, families, community groups, professionals, the clergy, service clubs, schools, the private sector, and government — has a stake and shares responsibility.
9. Provide encouragement and resources to enable individuals, families, and communities to take responsibility for their lives, to make decisions that will enhance their personal well-being as well as that of their families.
10. Promote partnerships, information exchange, broad-based coalitions, and support mechanisms within the community to improve the quality of family life and to address substance abuse in Alberta.
11. Promote coordination and networking among professionals and the public on family and substance abuse concerns.
12. Address the profile, advertising, and promotion of legal drugs such as alcohol, tobacco, prescription, and over-the-counter medications in light of the wide-ranging costs associated with their use.
13. Take an aggressive health-promotion approach, encouraging positive skill development and decision-making toward an alcohol-and-drug-free life.

## 2. Health Promotion: Risk Avoidance and Reduction

These suggested strategies and measures aim to help people at relatively low risk to avoid difficulties (e.g., potential drinkers among secondary school students), or to help those at moderate risk to reduce the likelihood of experiencing problems (e.g., current drinkers) before problems arise. These approaches could be integrated into a range of other positive lifestyle practices.

**a) Education**

1. Raise awareness and understanding of the problems of physical and sexual assault, neglect, poverty, injury, etc., that affect the family, as individuals often resort to substance abuse to cope with these issues.
2. Target the known high risk groups on the basis of identified need — certain groups that are disadvantaged or disabled, Native populations, children in the custody of the Alberta Government, dysfunctional families, adult children of alcoholics.
3. Encourage employers to provide materials and training programs designed for use in the workplace which relate to substance abuse and co-dependency issues, for example.

4. Examine strategies for promoting responsible use of prescription drugs and over-the-counter medications, especially for elderly, disabled and mentally ill persons.

5. Provide information and support services to peer support groups in schools.

b) **Community Involvement**

6. Address the availability of alcohol and tobacco in the community and consider various policy initiatives to reduce use of these products. Suggestions include: raise the legal drinking age, implement advertising restrictions, restrict sale of tobacco, abolish "happy hours," require warning labels to be placed on alcohol beverage containers, ban nude performances in bars, and prohibit use of credit cards in liquor stores.

7. Encourage municipal authorities to commit more funds to police services to bolster enforcement and to reduce the supply of illegal drugs.

8. Take a comprehensive approach to address the use and abuse of alcohol, prescribed medications, and over-the-counter drugs by the elderly.

9. Encourage a responsible approach to alcohol which promotes moderate use by adults and youth.

### 3. Health Recovery: Early Identification

These suggested strategies and measures are intended, first, to identify drinkers and drug users at moderate risk who are experiencing substance abuse problems and, then, to intervene in order to effectively manage these problems and reduce consumption to lower risk levels or eliminate it altogether.

1. Make context and content appropriate training on recognizing the signs and symptoms of substance abuse available to all Albertans. Provide information to a wide range of groups (parents, families, employers and employees, teachers, school counsellors, psychologists, family counsellors, social workers, lay counsellors, physicians, nurses, police officers, and other members of the criminal justice system) on how and where to make appropriate referrals.

2. Support health care professionals to view substance abuse as a problem with many dimensions rather than just as a physical disease.

3. Implement mandatory monitoring of prescription of medications and improved sharing of information between pharmacists and other health professionals through computer-based systems.

4. Educate service providers such as hairdressers, bartenders and taxi-drivers in the identification of persons with substance abuse problems and availability of referral resources.

5. Encourage the development of Employee Assistance Programs. Encourage employers to develop innovative methods to detect

emerging substance abuse problems among their workers and to effectively address these problems at an early stage.

6. Support early family-based intervention programs which address family problems extending beyond the problem of addiction.

### 4. Health Recovery: Treatment and Rehabilitation

These strategies and measures were suggested to identify substance abusers in the high risk category, or those with manifest disorders, to provide them with access to comprehensive assessment, and to match them to an appropriate mix of services, including follow-up. Perceived gaps in existing provincial services are identified.

1. Enhance existing substance abuse treatment and family support services throughout Alberta based on demonstrated community need and support. Establish a comprehensive, balanced, and accessible spectrum of services, including early intervention, hostel, outpatient, inpatient, as well as detoxification, acute, intermediate-term, and long-term programs, and aftercare and community support, in both urban and rural locations.

2. Provide additional substance abuse treatment and family support services throughout Alberta to meet the identified needs of specific groups. The following table shows perceived gaps in current addictions services.

3. Establish detoxification programs that will make use of currently underutilized hospital beds in rural and urban locations.

4. Assess new models of treatment and stimulate innovative approaches, such as the inclusion of parenting skills in substance abuse treatment, peer counselling components, provision of pastoral care, and a case-conferencing approach for inner city clients involving health, social service workers, and police.

5. Ensure that community treatment agencies have staff and other resources needed to assist the recovering person to re-establish ties with the community, i.e., aftercare housing, job-search programs, skills enhancement, arrangements for family counselling.

6. Augment the budgets of existing agencies such as Family and Community Support Services (F.C.S.S.) and AADAC so they can supply further treatment services, as needed.

7. Act as a catalyst, e.g., sponsoring pilot projects for bridging efforts between the addictions and mental health fields, regarding the development of treatment services.

8. Investigate policy matters such as the current legal constraints which hinder sharing of information among professional organizations. The Alberta Health Care Insurance Plan fee schedule which discourages physicians from spending time with their patients to deal with alcohol or drug problems should also be reviewed.

9. Provide financial assistance for families with youth undergoing substance abuse treatment in out-of-province programs.

10. Promote the communication and coordinated delivery of community services, such as community councils.

11. Ensure that new services complement existing services and are delivered in a coordinated fashion with others offered in the area.

### 5. General: Health Promotion and Health Recovery

Many of the suggested strategies and measures applied equally well to both the health promotion and health recovery parts of the spectrum.

1. Establish an inter-ministerial committee with representatives from Alberta Education, Alberta Family and Social Services, Alberta Health and the Department of the Solicitor General as well as community and municipal representatives to develop community projects on a partnership basis. Mechanisms to improve service delivery could be developed, possibly modeled on the Framework Agreement[3] between the Alberta Government and the Metis Association of Alberta.

2. Address the communication, coordination, and cooperation among services offered by existing agencies. This could take the form of Regional Substance Abuse Planning Committees. Coordinate a matrix of approaches to address the complex nature of substance abuse problems.

3. Address the issues of northern and rural communities in a more comprehensive fashion, including support of community networks; explore the use of such techniques as "distance learning" to promote opportunities for people living in the north; emphasize training of northerners and Natives to deliver services in their regions.

4. Support a "comprehensive community approach" for Native, Metis, and multi-cultural communities which would involve research, education, training, prevention, outreach, treatment, follow-up, aftercare, support groups, research and evaluation.

5. Promote community and/or school-based resistance skill training programs and family oriented preventative and treatment programs.

6. Enlist the resources and influence of churches, service clubs, and the community in the areas of education, early identification, and counselling.

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[3]A Framework Agreement was originally signed in 1987 between the Metis Association of Alberta (M.A.A.) and the Minister responsible for Native Affairs. On December 1, 1989, a renewed agreement was signed by Premier Getty and the Association. The Agreement provides for a process which allows government and the Metis people of Alberta to work together to meet the needs of Metis Albertans. Subcommittees have been set up with representatives of the M.A.A. and government to jointly plan action strategies. In this regard, issues or needs identified at a community level, which could include family life and substance abuse, can be brought forward for discussion at these forums. Following discussions, the appropriate department or agency would be contacted to address those issues that fall within its purview.

**Table 1**

**Perceived Gaps in Provincial Addictions Services Identified in Submissions* to Policy Advisory Committee to the Minister of Health, October 1989 – January 1990.**

| Need | Group | Rationale | Perceived Priority** |
|---|---|---|---|
| Comprehensive treatment services | Youth | lack of services | high |
| Peer counselling/ community support groups | Youth | assist drug abuse treatment and prevention programs | low |
| Specialized group homes | Youth | shelter those who do not adapt to temporary host family placements | low |
| Youth shelter | Youth | provide shelter during family crisis | low |
| Detoxification, treatment and aftercare services | Street youth | lack of services | low |
| Outreach services | Urban youth | to guide to appropriate resources | low |
| Treatment services | Rural youth | lack of services | low |
| Comprehensive treatment services (including mobile treatment and solvent abuse treatment) | Native communities | lack of services | medium |
| Treatment services | Native youth | provide culturally sensitive programs | low |
| Urban aboriginal services | Urban Native | provide culturally appropriate services | low |
| Treatment and support services | Codependents (including adult children of alcoholics) | lack of services | high |

**Table 1 continued**

| Need | Group | Rationale | Perceived Priority** |
|---|---|---|---|
| Treatment services | Elderly | lack of services | medium |
| Aftercare and support services | Elderly | lack of services | low |
| Daycare services | Women | facilitate access to treatment | low |
| Comprehensive services | Indigents | facilitate access to required services | low |
| Social support services | Rural Albertans | lack of services | low |
| Poly-drug treatment services | Poly-drug users | lack of services | low |
| Cocaine treatment services | Cocaine users | lack of services | low |
| Comprehensive services | Metis | lack of services | low |
| Comprehensive services | Multicultural communities | lack of services | low |
| Barrier free services | Physically disabled | lack of services | low |
| Treatment services | Mentally/ emotionally disabled | lack of services | low |
| Identification and treatment services | Hospitalized substance abusers | lack of services | low |
| Education and treatment | Addicted professionals | lack of services | low |

*Total number of submissions = 204
**Based on frequency that item was mention 1–5 = low; 6–10 = medium; 11+ = high; range = 1–31

7. Allocate funds to support the family and substance abuse services of existing agencies, such as provincial Health Units, F.C.S.S., and AADAC. Build on the existing knowledge base and administrative structures to strengthen front-line resources.
8. Address staff development issues, such as organizational support, in-service training, salary levels, and "burnout."
9. Provide greater coordination and support of volunteer staff.
10. Support the extension of specialized and coordinated courses on addictions for incorporation by faculties into professional training courses, continuing education materials, weekend workshops, conferences, think-tanks, and expert symposiums.
11. Ensure that the Foundation will not duplicate existing services.
12. Support innovative services such as social drama, interactive theatre, and family-oriented services: (1) personal development in the family and (2) family development in the community, a resource centre with a toll-free telephone number where people can receive additional information.
13. Develop a comprehensive drug strategy for Alberta.

### 6. Research: Health Promotion and Health Recovery

Research may be an integral part of the development, implementation, and monitoring of health promotion and health recovery programs or it may be undertaken for scientific purposes independent of specific programs. For the purposes of the Committee's consultation, two types of research were recognized:

a) applied research — evaluation of social programs, community surveys and public opinion polls, marketing studies, focus group research; and

b) basic research — basic medical and scientific research, epidemiology, and clinical studies.

1. Establish Alberta as a leader in addictions research by implementing a comprehensive, integrated, and interdisciplinary program of research that examines substance abuse in a family, community, rural/urban, and institutional context. This would include examination of both problem and functional cases.
2. Work with educational institutions, service clubs, and corporations to establish a program of scholarships, bursaries, student research grants, and graduate fellowships to encourage Albertans to undertake substance abuse research projects of excellence. In addition, set up research professorships and addictions/family chairs in relevant departments.
3. Create a centralized research and studies centre to coordinate research projects and to disseminate information, possibly based on the federal model of Networks of Excellence,[4] with affiliated teaching and research units across the province.

4. Support independent evaluation of the effectiveness of current prevention programs on a local and province-wide basis.
5. Implement mechanisms to disseminate existing evaluation data and research information.
6. Support a long-term program of applied research to support program development for education and prevention of substance abuse within the family.
7. Support a long-term program of applied research in the development and evaluation of substance abuse treatment services.
8. Undertake a province-wide survey of alcohol/drug use with adolescents, with attention on dysfunctional families, and publish the results locally.
9. Undertake basic research on pharmacological, biogenetic, and environmental factors leading to substance abuse.
10. Conduct research studies on risk factors and distinct needs within special-needs groups.
11. Limit research to addressing specialized or local community topics of interest: relationship of drug use and self-esteem; prevalence of use; relationship to injuries; issues concerning family violence, elderly, teens, disabled persons, Native adults and teens, Metis, suicide, physical and sexual abuse, etc.
12. Function as a consulting arm to AADAC and other government programs by supporting applied research and evaluation of current substance abuse programs.

### 7. The Proposed Foundation

The Committee was also asked to advise the Minister of Health on the form and operation of the proposed Foundation, i.e., make recommendations on the mission, structure, and activities needed to accomplish its objectives. Major themes arising from the consultations include:

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[4]On October 26, 1989, William Winegard, Minister of State (Science and Technology) announced the 14 Networks selected for the federal government's $240 million Networks of Excellence Program. This initiative was described as "a new approach to promoting excellence in Canadian scientific research [that] will encourage the integration of research communities in industry, universities and government into interrelated grids stretching across the country." The Program represents "a unique opportunity for the nation's top researchers to work together in a coordinated, multi-year effort which is integrally linked to Canada's long-term industrial competitiveness and, for the first time, they will be provided with a critical mass of funding over an extended period of time." The 14 Networks selected represented a cross-section of the natural and medical sciences and engineering. They involve 5 to 20 institutions and address a range of matters, including space research, production of high performance concrete, telecommunications research, and topics in health care and medicine.

**a) Name and Purpose**

1. Provide the Foundation with a comprehensive mandate, encompassing all forms of drug use and abuse (alcohol, tobacco, legal and illegal drugs) and a broad range of issues that affect the family (poverty, child care, divorce, and violence), in order to strengthen family life in Alberta.
2. Embrace a wide perspective on the family, one that reflects its present day diverse structure and that incorporates the family life span.
3. Use positive language in order to be consistent with desired results; build on the positive.
4. Consider a name change for the Foundation, such as "Wellness and Family Living," "Drug Free and Family Living," or "Alberta Family Life Research Foundation."
5. Reverse the terms "family life" and "drug abuse" in the title of the Foundation.
6. Review the proposed name of the Foundation as the present one draws an awkward and perhaps misleading connection between the realities of family break-up and substance addiction.
7. Focus support on long-range planning to develop and evaluate programs and resources rather than on supporting day-to-day operation of services.
8. Use the Alberta Heritage Foundation for Medical Research (A.H.F.M.R.) to conduct research on behalf of the Foundation that fits within the A.H.F.M.R.'s mandate, i.e., research that has a strong pharmacologic, epidemiologic, or strong behavioral component.
9. Do not make research a priority of the Foundation.
10. Research should be the sole mandate of the Foundation as F.C.S.S. and AADAC already promote and coordinate substance abuse programs.

**b) Structure**

1. Pattern the Foundation after the Alberta Heritage Foundation for Medical Research, ensuring that the Board of Directors includes representatives from community groups, government, business, academia, and law. Some of these individuals should have expertise in substance abuse.
2. Ensure a wide representation on the Foundation board, including a registered, practising social worker, a Native, a Metis, and a youth representative.
3. Expand the existing AADAC board to approximately 15 members to act as the governing body for the Foundation.
4. Base the awarding of grant support on a peer review system involving an interdisciplinary evaluation by international experts, with the final decision residing with the Foundation's Advisory Committee.

Peer reviewers should represent a spectrum of local, national, and international expertise and excellence in research and service. Honoraria should be paid to reviewers for services rendered.

5. Establish the Foundation so that it operates at arm's length from government.
6. Use existing administrative systems at AADAC.
7. Do not delegate the evaluation and management of the Foundation to existing organizations such as AADAC.
8. Establish a separate unit to manage the funds of the Foundation.
9. Have the appropriate department of Alberta Treasury manage the investment-related affairs of the Foundation's operation.

**c) Operations**

1. Operate the Foundation as a fund-granting body with strict adherence to and expectations of innovation and excellence. Provide grant support for both personnel and operations. Establish or fund programs as demonstration or pilot programs only.
2. Ensure that programs receiving funds have short and long-term benefits, that services are complementary and do not duplicate what already exists. Do not involve the Foundation with the perpetuation of existing programs or the overall costs of substance abuse treatment. Avoid duplication of research.
3. Use existing community foundations and organizations to administer funds and/or to support program development, training, and research rather than creating new ones.
4. Ensure that the Board of Trustees has flexibility in determining what proportions of the annual investment income are allocated for operations and for reinvestment.
5. Allow the Foundation to receive funds and to engage in fund-raising activities.
6. Function as a partner with AADAC and other government programs by supporting applied research and evaluation of current substance abuse programs.
7. Establish mechanisms to ensure that the results of the Foundation's activities will be incorporated into the service delivery systems of AADAC and other agencies.
8. Allocate a percentage of the Foundation's resources to Native communities according to their proportion in the general population and let Natives deliver the services.
9. Use the following as guiding assumptions for funding: (1) the purpose of the proposed Foundation is to strengthen families; (2) it may be necessary to study families that are not in trouble; (3) substance use and abuse are issues at all stages of family life (4) research, education, intervention, and evaluation must be integrated.

# IV. Recommendations

## A. Addressing Substance Abuse Problems in Alberta — "A View to the Future"

The Government of Alberta recognizes that rapid change and the growing complexity of life in Alberta during the 1990s and beyond will continue to place strains on the family. Misuse and abuse of addictive substances may be either the cause or result of strain on the family and are in many cases connected to a range of other problems that threaten the stability of the family.

In recent years, the prevailing view of substance abuse has changed. It is no longer seen as a single or simple problem affecting the individual in isolation, but rather as a complex set of problems developed in a family context. Substance abuse is often only one expression of several maladaptive patterns within the family which are passed from one generation to next.

Therefore, in the years ahead, it is imperative to continue addressing substance abuse as a fundamental source of disruption to the family. It is important to continue building on the successes of existing programs and initiatives, such as those of AADAC, F.C.S.S., and the many other agencies working in the field. It is crucial to continue involving all the individuals and groups with a stake in these issues — individuals, families, communities, and government. It is also vital to take a long-term perspective with a view to better coordinating the growing volume of resources and activities being brought to bear on substance abuse issues.

These elements are all part of the "view to the future" that the Committee envisions for the proposed Foundation. Albertans have clearly indicated, through the course of the consultations, that it should not duplicate the existing excellent services offered by AADAC and F.C.S.S. The Committee agrees and intends that the Foundation concentrate on building on the success of current efforts, and on serving as a catalyst to introduce further refinement, innovation, and responsiveness to the array of existing programs and services on substance abuse available to Albertans.

In the general concept of the Foundation being proposed by the Committee, an aggressive health promotion stance will be taken which encourages individual and community self-reliance and decision-making. As a forward-looking organization, the Foundation will assume a long-term, coordinated approach that recognizes diverse family structures with membership spanning several generations. It will follow the belief that research, education, intervention, treatment, aftercare, and evaluation are distinct but integrated aspects of a comprehensive approach to strengthening families and reducing substance abuse in Alberta.

The Committee specifically recommends the following:

## B. Recommendations on Foundation Mandate and Organization

### Recommendation 1:

**That the name of the proposed Foundation be changed to "Family Life and Anti-Substance Abuse Foundation."**

Rationale:

The change in name is recommended partially on the basis of the public consultations. The Committee strongly feels that the phrase "drug abuse" is negative in relation to the positive concept of "family life" and struggled to find two complementary positive concepts to make up the name of the Foundation. As the Committee wishes to make a strong statement of being against substance abuse, they decided to use "anti" in the title. "Substance abuse" was selected as a more general term than "drug abuse."

### Recommendation 2:

**That the object of the proposed Foundation be to strengthen Alberta families with the ideal of eliminating substance abuse. The Foundation will stimulate the discovery of new knowledge and the application of that knowledge by directing its energy to prevention, treatment, and research into the relationship between substance abuse and family life.**

Rationale:

In keeping with the positive concept of this Foundation, the Committee believes that it should concentrate on breaking the link between substance abuse and family instability. Thus, it should be dedicated to the ideal of eliminating substance abuse.

To accomplish this, the Foundation will undertake a multi-disciplinary and multi-focused approach to significantly reduce substance abuse among Alberta families. Operating as a catalyst, it will support innovative, one-time projects in the areas of prevention, treatment, and research.

These projects must have clear potential to achieve any of the following:

a) assist in effectively responding to unmet needs of Alberta families in the area of substance abuse;

b) assist in the development of new and better methods to improve existing treatment and prevention services;

c) discover and gather new information regarding the nature of substance abuse within families;

d) assist in integrating new knowledge into existing service delivery systems;

e) serve to bridge the fields of addictions, medicine, and other health care services.

Through these activities, the Foundation will add refinement, innovation, and responsiveness to the spectrum of substance abuse services presently available to all Albertans.

### Recommendation 3:

**That the Foundation fund the development and evaluation of new educational and public awareness programs on substance abuse and family life.**

Rationale:

Research and evaluation are vital components in the creation of educational programs. There is no established program which provides children with a comprehensive and progressive education on substance abuse concerns from kindergarten to grade 12. Special attention must be given to this area as it is during their formative years that children establish the living skills they will use throughout their lives.

There is very little substance abuse training currently available either as a specialized program or as a core element of the educational curriculum for medical and other care-giving professionals. Greater emphasis should be placed on teaching all care-giving professionals, both within degree programs and as part of ongoing professional development, about the nature and extent of substance abuse, its effects on individuals and families, and treatment methods.

Albertans need to be better informed about the nature and extent of substance abuse. The problem cannot be effectively addressed if people do not know that it exists, what it is, why it occurs, who it affects, and how best to respond. The recognition of substance abuse problems at an early stage requires that the general public, parents, and professional care-givers be aware of the signs and symptoms of substance abuse. They should be able to detect addicted individuals or those at risk of developing problems, and be knowledgeable about the referral process and treatment services available.

In order for Alberta to offer the best educational programs possible, the Foundation should play a vital role in their development by ensuring that such programs have been thoroughly researched and evaluated.

### Recommendation 4:

**That the Foundation fund the development and evaluation of new methods for the treatment of substance abuse.**

Rationale:

While the Foundation must have a strong preventive thrust, it must also provide support for innovative, experimental, and demonstration projects in the treatment area. Further refinement of assessment, treatment, and aftercare services will occur with the integration of the results of these projects into the service delivery systems of the province. The proposed Foundation must support the development of these new methods in order to ensure that Alberta is on the leading edge of substance abuse treatment and rehabilitation.

### Recommendation 5:

**That the Foundation grant scholarships, bursaries, and fellowships to individuals pursuing studies in the field of substance abuse.**

Rationale:

These serve as incentives for Albertans to undertake studies and to pursue specialized careers in the field of substance abuse. Increased availability of resources for such studies would increase the number of trained care-givers, educators, and researchers to address substance abuse and family life issues in the province.

### Recommendation 6:

**That the Foundation provide resources for innovative basic and applied research projects on the relationship between substance abuse and family life, for the evaluation of proposed and current programs, and for the development of an information base on family life and substance abuse in Alberta.**

Rationale:

Major advances to gain new knowledge about substance abuse can be achieved by vigorously supporting projects in both applied and basic research. Historically, the focus has been on basic research with very little attention paid to applied topics such as the evaluation of program outcomes or to planning and market research to assist in the careful development of treatment and prevention programs. Data is also lacking on the local prevalence of substance use and abuse in relation to the demographics of Alberta. Studies are also needed in such areas as: risk factors, impacts of legislation and policies, requirements of special needs and community groups, and the relationship between substance abuse and family stability. Such data is required to ensure that methods implemented will best address the unique needs of the province. Attention should also be paid to the creation of effective means to introduce research findings and knowledge into the substance abuse service delivery system in the province. By supporting a wide range of innovative research projects, the Foundation will play a key role toward extending Alberta's leadership in the substance abuse field.

### Recommendation 7:

**That the Foundation adopt the following guidelines:**

**7.1: The Foundation will:**

a) **take a health promotion approach;**

b) **support projects that demonstrate potential for innovation and excellence;**

c) **support projects that establish and enhance cooperation and coordination between groups and agencies; and**

d) **operate at arm's length from government.**

**7.2: The Foundation will not:**

a) **support projects which duplicate services provided by other departments and agencies;**

b) **provide direct services to the public; or**

c) **provide on-going, operational funding.**

Rationale:

The Foundation's primary purpose should be to take a proactive stance and support innovative programming with the potential to fill the gaps in existing services or to generate the information needed to further refine those services. The Foundation should not be in the business of providing direct services, or operational funding for established programs, as this is the responsibility of existing agencies. Instead, the projects supported by the Foundation should complement the services of other government departments and community-based agencies. As the proposed Foundation is also designed to be an innovator in a scientific field, it should operate independently of government, following a program and agenda established by its board based on priorities identified by their research and planning.

## C. Recommendations on Foundation Planning

The Committee recommends the following as important steps to be undertaken in the planning and implementation of the Foundation.

### Recommendation 8:

**That the Government of Alberta ensure the Foundation has access to Deputy Ministers of related departments to provide exchange of information and to promote cooperation.**

Rationale:

It is important that the board be able to consult with senior levels of government in order to avoid duplication of programs.

### Recommendation 9:

**That the Foundation establish regular contact with other government commissions and boards working in the field of substance abuse and the family in order to ensure that efforts are cooperative and complementary.**

Rationale:

As the proposed Foundation is designed to be a catalyst for new and innovative methods to eliminate substance abuse in the family, it is imperative that the Foundation be aware of the services, programs and policies of organizations such as AADAC, other departments, and the Premier's Council in Support of the Family. This would avoid duplication of services and ensure cooperative, complementary efforts based on a common strategy.

## D. Recommendations on Draft Legislation

### Recommendation 10:

**That the following revisions be made to the draft Foundation Act:**

**10.1: 1(c) "Foundation" means the Alberta Family Life and Drug Abuse Foundation established by this Act.**

**Change to: Family Life and Anti-Substance Abuse Foundation**

Rationale:

See Recommendation 1.

**10.2: Add Section 4:**

**The object of the Foundation is to strengthen Alberta families with the ideal of eliminating substance abuse. The Foundation will stimulate the discovery of new knowledge and the application of that knowledge by directing its energy to**

**a) funding the development and evaluation of new educational and public awareness programs on substance abuse and family life.**

**b) funding the development and evaluation of new methods for the treatment of substance abuse.**

**c) granting scholarships, bursaries, and fellowships to those pursuing studies in the field of substance abuse.**

**d) providing resources for innovative basic and applied research projects on the relationship between substance abuse and family life, for the evaluation of proposed and current programs, and for the development of an information base on family life and substance abuse in Alberta.**

Rationale:

See Recommendation 2.

**10.3: 5(a) make grants to any person or organization for a purpose consistent with the object of the Foundation.**

**Change to: make grants and/or awards to any person or organization for a purpose consistent with the object of the Foundation.**

Rationale:

This would increase the range of support that the Foundation could provide.

**10.4: 5(e) acquire real or personal property;**

**Change to: 5(e) acquire real or personal property, subject to ministerial approval over a specified monetary limit.**

Rationale:

Ministerial approval would be required as a safeguard against unnecessary expenditures for acquisition of property and capital construction.

**10.5: 5(f) hold, manage and dispose of its real and personal property;**

**Change to: hold, manage and dispose of its real and personal property, subject to ministerial approval over a specified monetary value.**

Rationale:

Ministerial approval would be required as a safeguard against unnecessary sale of Foundation assets.

**10.6: Add: 5(h) establish any committee that it considers appropriate to act in an advisory, administrative or technical capacity in connection with any matter pertaining to the objects of the Foundation.**

Rationale:

The Foundation will require expert guidance beyond the immediate expertise of the Trustees in order to undertake the specialized tasks of the Foundation.

**10.7: Add: 5(k) The Foundation may accept subscriptions, donations, devices and bequests of real or personal property.**

Rationale:

As the Foundation gains recognition and individuals wish to make donations, the Foundation should be in a position to accept them.

**10.8: Add: Triennial Report**

**As soon as practicable after the end of each 3-year period starting from the establishment of the Foundation, the Foundation shall prepare a report for that 3-year period containing**

**a) a comprehensive statement and evaluation of the activities of the Foundation in terms of its objects,**

**b) a summary of the financial statements for the years included in the 3-year period,**

**c) a report of projects undertaken and the grants or awards approved for those projects, and**

**d) a summary of all projects approved and the funds expended on those projects.**

Rationale:

Periodic review and evaluation of the Foundation's activities is required to ensure financial accountability and to ensure that the Foundation's program strategies remain responsive to changing community needs.

## Recommendation 11:

**That the Government of Alberta ensure that the proposed Foundation commence operations as soon as possible after passage of the legislation.**

Rationale:

The proposed Foundation represents an important development in the evolution of health services in the province. Its speedy implementation would allow the Foundation to begin fulfilling its role in strengthening Alberta's families.

## E. Recommendations on Matters Outside the Foundation

The Committee also makes the following recommendations which lay beyond the purview of the Foundation.

The Committee specifically recommends:

### Recommendation 12:

**That the Government of Alberta develop a provincial substance abuse strategy.**

Rationale:

The Government of Alberta should establish a general strategy to ensure that all government departments, Alberta communities, and volunteer groups are working together in a proactive, complementary way toward eliminating of substance abuse and strengthening the family.

### Recommendation 13:

**That the Government of Alberta, through the Alberta Alcohol and Drug Abuse Commission (AADAC), develop and support a comprehensive database of all substance abuse agencies and treatment programs operating in Alberta.**

Rationale:

This database would consist of a comprehensive listing and evaluation of all the substance abuse agencies and treatment programs in Alberta. It would be used in the refinement and coordination of treatment programs, in promoting awareness about the availability of treatment, and in improving Albertans' access to needed services. Overall responsibility to develop the database and to coordinate the dissemination of information from it should be assigned to AADAC, with the necessary funding.

### Recommendation 14:

**That the Minister of Health conduct a detailed assessment of submissions received during the public consultations which express concerns that will not be addressed by the proposed Foundation.**

Rationale:

Some of the information received during the consultations pertained to the Department of Health and some to other government departments. The Department of Health should review the submissions and consult with other departments and agencies as necessary to identify service

gaps in the area of substance abuse, including the requirements of special needs groups, and to determine how these gaps might be most appropriately met.

### Recommendation 15:

**That the Government of Alberta provide additional specialized detoxification and residential treatment services to meet the unique needs of adolescents.**

Rationale:

Throughout the public consultations, this was one of the most frequently noted gaps in existing treatment services in Alberta.

### Recommendation 16:

**That the Government of Alberta provide additional treatment and prevention services to assist in meeting the unique needs of Native communities.**

Rationale:

Throughout the public consultations, this was another frequently noted gap in existing substance abuse services in Alberta.

### Recommendation 17:

**That the Department of Education ensure that mandatory substance abuse and life management courses be implemented within the kindergarten to grade 12 curricula and ensure that the necessary training of teachers be provided.**

Rationale:

Throughout the consultations it was the consensus of opinion, lay and professional, that a more consistent and coordinated education on substance abuse and life management should be required throughout the school grades, in order to enhance students' awareness, self-esteem, and development of relevant skills as early as possible in their lives. While the Foundation could assist in the development of such programs, it is the responsibility of the Department of Education to ensure that such programs are implemented in the school system.

### Recommendation 18:

**That the Government of Alberta implement mandatory monitoring of all prescription drugs via a central database accessible by all pharmacists.**

Rationale:

Concerns exist about the growing abuse of prescription medications and over-the-counter drugs. Application of computer-based technology would assist in monitoring drug use patterns to identify patients at risk of substance abuse.

### Recommendation 19:

**That the Government of Alberta designate public awareness initiatives encouraging responsible use of alcohol as a high priority and ensure that adequate resources are available to support these efforts.**

Rationale:

Recognizing that alcohol is an integral part of Alberta society, the government has a responsibility to undertake public awareness programs to encourage responsible use of alcohol. Considerable success has been achieved to date, but ongoing support is required to make new generations of Albertans aware of the appropriate use of alcohol and the dangers of its abuse.

### Recommendation 20:

**That the Government of Alberta encourage and support private and public sector employee assistance programs.**

Rationale:

The workplace has proven to be an effective location for intervention, referral, and treatment of substance abuse problems. Continued support of these initiatives is required. The potential of the workplace for enhancing awareness of substance abuse issues should be more fully developed.

### Recommendation 21:

**That the Government of Alberta promote and support the use of such techniques as "distance learning" to enable individuals seeking training as care-givers to receive such training in their home communities.**

Rationale:

At present, many Native, northern, and rural communities have trouble attracting and keeping outside professional care-givers. A possible solution would be for trained local people to provide these services. Currently, however, there is a lack of trained local people working in their home communities. This is due either to their reluctance to leave the community to receive appropriate training or, once having left to receive such training, their reluctance to return. Therefore, efforts should be undertaken to educate local residents so that individuals with ties to the community will be encouraged to live, study and provide required services within their communities.

# Appendix A: Proposed Draft Legislation for the Alberta Family Life and Drug Abuse Foundation

## Family Life and Drug Abuse Foundation Act

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HER MAJESTY, by and with the advice and consent of the Legislative Assembly of Alberta, enacts as follows:

**Definitions**

1 In this Act

(a) "drug abuse" means the use of any substance by a person in quantities that cause a physical or psychological condition that may result in social or family problems;

(b) "Endowment Fund" means the Alberta Family Life and Drug Abuse Foundation Endowment Fund;

(c) "Foundation" means the Alberta Family Life and Drug Abuse Foundation established by this Act;

(d) "Minister" means the member of the Executive Council charged by the Lieutenant Governor with the administration of this Act.

**Foundation established**

2(1) There is hereby established a corporation called the "Alberta Family Life and Drug Abuse Foundation" consisting of not fewer than 3 and not more than 11 persons appointed as trustees by the Lieutenant Governor in Council.

(2) A trustee shall hold office for a term of not more than 3 years and is eligible for reappointment.

(3) The Lieutenant Governor in Council shall designate one of the trustees to be chairman of the Foundation.

(4) The trustees shall, at the first meeting of trustees in each year, elect one of the trustees to be vice-chairman of the foundation.

(5) A majority of the trustees of the Foundation present at a meeting of the trustees constitutes a quorum.

(6) The Lieutenant Governor in Council may prescribe the rate of remuneration and the subsistence and travelling expenses to be paid to the trustees.

**Executive Director**

3(1) The Foundation, with the approval of the Minister, may appoint an Executive Director of the Foundation.

(2) The Executive Director is the chief executive officer and an employee of the Foundation and is responsible for the management of the business and affairs of the Foundation.

(3) The Executive Director may delegate to an employee of the Foundation any power conferred or duty imposed on him by the Foundation.

**Object**

4 The object of the Foundation is to strengthen Alberta families through the promotion and co-ordination of programs and research directed at the enhancement of family life and the identification of factors affecting the stability of families, including the prevention and treatment of drug abuse.

**Powers**

5 Subject to the regulations, the Foundation may

(a) make grants to any person or organization for a purpose consistent with the object of the Foundation;

(b) prescribe conditions respecting grants;

(c) fund in whole or in part research professorships or chairs established at any university in Alberta for a purpose consistent with the object of the Foundation;

(d) publish, produce or distribute books, pamphlets, films or other productions that relate to the object of the Foundation;

(e) acquire real or personal property;

(f) hold, manage and dispose of its real and personal property;

(g) enter into a contract with or employ any person in relation to any matter pertaining to the object of the Foundation;

(h) enter into any patent agreements, royalty agreements or commercial marketing agreements that may be considered by the trustees to be in the best interests of the Foundation;

(i) enter into overdraft or line of credit arrangements with a bank, treasury branch, credit union or trust company for the purpose of meeting its obligations as they come due;

(j) draw, make, accept, endorse, execute or issue promissory notes, bills of exchange or other negotiable instruments.

**Fund**

6(1) There is hereby created a fund called the "Alberta Family Life and Drug Abuse Foundation Endowment Fund."

(2) Any money invested for the purposes of this Act under the authority of an Act referred to in section 6(2)(a) of the *Alberta Heritage Savings Trust Fund Act* shall be paid into the Endowment Fund.

(3) The Provincial Treasurer shall hold and administer the Endowment Fund and has the powers of investment with respect to the Endowment Fund that he has under section 50 of the *Financial Administration Act*.

(4) The income of the Endowment Fund derived from investments made under subsection (3) accrues to and forms part of the Endowment Fund.

(5) The Provincial Treasurer shall, as soon as practicable after the end of each fiscal year of the Crown, prepare a report summarizing the transactions and affairs of the Endowment Fund during the preceding fiscal year and shall lay a copy of the report before the Legislative Assembly if it is then sitting or, if it is not then sitting, within 15 days after the commencement of the next ensuing sitting.

**Payments from Endowment Fund**

7(1) The Provincial Treasurer shall, at the request of the Foundation made on reasonable notice, pay from the Endowment Fund to the Foundation money that, in the opinion of the trustees, is required by the Foundation to carry out its object.

(2) The Provincial Treasurer shall not pay money out of the Endowment Fund if the payment would result in the value of the assets of the Endowment Fund being less than the amounts paid into it pursuant to section 6(2).

(3) For the purposes of subsection (2), the assets of the Endowment Fund shall be valued at cost.

**Foundation as Depositor**

8 The Foundation shall be designated as a depositor in a

Consolidated Cash Investment Trust Fund under the *Financial Administration Act*.

**Payments by Foundation**

9 The expenses incurred by the Foundation and any grant made by the Foundation shall be paid out of money paid to the Foundation under section 7.

**Fiscal year**

10 The fiscal year of the Foundation is the period commencing on April in one year and ending on March 31 in the next year.

**Auditor**

11 The Auditor General is the auditor of the Foundation.

**Annual Report**

12(1) The Foundation shall, as soon as practicable after the end of each fiscal year, prepare a report summarizing the business and affairs of the Foundation during the preceding fiscal year and containing an audited financial statement.

(2) The Foundation shall, as soon as an annual report is prepared under subsection (1), forward it to the Minister and the Minister shall lay a copy of it before the Legislative Assembly if it is then sitting or, if it is not then sitting, within 15 days after the commencement of the next ensuing sitting.

**By-laws**

13(1) The Foundation may make by-laws respecting the conduct of the business and affairs of the Foundation.

(2) The *Regulations Act* does not apply to the by-laws of the Foundation.

**Regulations**

14 The Lieutenant Governor in Council may make regulations respecting any matter or thing necessary for the operation of this Act.

**Consequential**

15 *The Financial Administration Act is amended in section 50(1.2) by adding the following after clause (d):*

(d.1) the Alberta Family and Drug Abuse Foundation Endowment Fund established under the *Family Life and Drug Abuse Foundation Act*.

**Repeal**

16 The *Alcoholism and Drug Abuse Foundation Act* is repealed.

**Coming into Force**

17 This Act comes into force on Proclamation.

# Appendix B: Consultation Process

## A. Objectives

The Honourable Nancy J. Betkowski instructed her Policy Advisory Committee, through necessary consultation with individuals, community groups, existing government agencies and experts in the field of addictions and family services, to:

1) identify the issues and suggested actions in the areas of education, community involvement, treatment, and research and evaluation to better address substance abuse problems within the family;

2) identify, based on this information, a program focus for the Foundation and to recommend the form the Foundation should take to best accomplish its objectives.

## B. Briefings

Prior to undertaking the consultation process, the Committee met with various individuals to be briefed and to receive relevant documentation on such topics as:

1) the nature of the addictions field in Canada;

2) an overview of addictions-related research;

3) an overview of AADAC services;

4) related services provided by other provincial government departments;

5) other provincial government initiatives regarding the family; and

6) the nature of foundations.

## C. Field Research

In undertaking the consultation process, selected members of the Committee visited the following:

- Various AADAC facilities throughout Alberta
- Kaiser Substance Abuse Foundation; Vancouver, B.C.
- Peak House; Vancouver B.C.
- Magnus Communications Design, Inc.; Vancouver, B.C.
- Whitespruce Youth Treatment Centre; Yorkton, Saskatchewan
- Addiction Research Foundation; Toronto, Ontario
- Vanier Institute of the Family; Ottawa, Ontario
- Canadian Centre on Substance Abuse; Ottawa, Ontario

## D. Requests for Submissions

Approximately 600 invitations requesting written and oral submissions

were sent to a cross-section of Albertans including: professional organizations, community programs and support organizations, native organizations, universities, colleges, service clubs, government departments and agencies, mayors, reeves, members of the hospitality industry, and religious organizations.

Announcements were made through both newspapers and radio requesting public participation at the twelve public meetings held in ten locations throughout the province.

## E. Submissions Received

1. Briefs — Orally presented at public and private meetings

| | | |
|---|---|---|
| Lloydminster | 8 | |
| Fort McMurray | 3 | |
| Red Deer | 2 | |
| Calgary | 14 | |
| Lethbridge | 3 | |
| Edmonton | 37 | |
| Grande Prairie | 2 | |
| Medicine Hat | 4 | |
| | 73 | 73 |
| 2. Briefs sent to the committee | | 35 |
| Total Briefs | | 108 |

3. Public meeting comments — no briefs

| | | |
|---|---|---|
| Lloydminster | 6 | |
| Fort McMurray | 0 | |
| Red Deer | 2 | |
| Calgary | 14 | |
| Lethbridge | 6 | |
| Edmonton | 14 | |
| Slave Lake | 10 | |
| High Level | 10 | |
| Grande Prairie | 2 | |
| Medicine Hat | 6 | |
| | 70 | 70 |
| 4. Correspondence | | 26 |
| **Total** | | **204** |

A listing of persons and agencies who provided the Committee with their input in the form of oral and/or written briefs, correspondence, and comments made at public meetings appears below.

**Briefs — written and/or orally presented:**

Action on Smoking and Health

Alberta Alcohol and Drug Abuse Commission

Alberta Association on Gerontology

Alberta Association of Municipal Districts and Counties
Alberta Associations of Services for Children and Families
Alberta Association of Social Workers
Alberta Cancer Board
Alberta Committee of Disabled Citizens
Alberta Council on Aging
Alberta Heritage Foundation for Medical Research
Alberta Institute for the Treatment of Drug and Alcohol Abuse
Alberta Interagency on Smoking and Health
Alberta Lung Association
Alberta Medical Association Committee on Alcoholism and Drug Abuse
Alberta Municipal Affairs, Native Services
Alberta Native Friendship Centre Association
Alberta Pharmaceutical Association, The
Alcohol Drug Education Association of Alberta
Association of Canadian Distillers
Association of Human Services in Alberta
Athabasca University
Back Door, The
Bonnyville Indian Metis Rehabilitation Centre and Alberta Psychological and Organizational Consultants Inc.
Bosco Homes
Brewers Association of Canada
Brook, Jean; Citizen
Brooks and District Advisory Committee
Bruderheim, Town of — Family and Community Support Services
Calgary Alternative Support Services Inc.
Calgary, The City of — Social Services Department
Calgary Foothills Hospital, Department of Psychiatry, Substance Abuse Clinic
Calgary Health Services,
Canadian Mental Health Association — Grande Prairie
Canadiana Foundation
College Drive Community Church and Inter-varsity Christian Fellowship
Colonel Belcher Hospital
Cormier, R.B. and Associates
Didsbury — Family and Community Support Services
Distress Centre Drug Centre
Drug Alcohol Awareness Centre
Edmonton, City of — Community and Family Services Department
Edmonton Psychiatric Services Planning Committee, Subcommittee on

Children's Services
Edson, Town of — Family and Community Support Services Board
Family and Community Support Services Association of Alberta
Family Services Association of Edmonton
Flagstaff Adolescent Addiction Society
Forster, Dr. Ian; Physician
George Spady Centre, The
Grande Prairie — Family and Community Support Services
Grant, J. Clifford Associates
Greer, Pamela; Citizen
High River, Town of — Family and Community Support Services Board
Injury Awareness and Prevention Centre
John Howard Society of Alberta
KIDS of the Canadian West
Labatt's Alberta Brewery
Linklater, Clive; Citizen
Lions Club of Alberta
Lloydminster Interval Home
Medicine Hat, City of — Family and Community Support Services Advisory Board and Culture and Recreation Advisory Board
Medicine Hat Family Services
Melling, Dr. Tom; Physician
Metis Association of Alberta
Minor Sports Calgary
Molson Breweries, Western Division
Native Counselling Services of Alberta
Needs of the Elderly Planning Committee
Nelson, Stan; MLA
North American Indigenous Games
NOVA Corporation of Alberta
Our House Addiction Recovery
Partners
Poundmakers Lodge
Pride Calgary Inc.
Provincial Mental Health Advisory Council
Provincial Senior Citizens Advisory Council
Provost — Eastpark Educational Opportunities Council
Red Deer College, Department of Psychology
Rocky Mountain House Shelter Committee
Rocky Native Friendship Centre
Rotary Club of Calgary, The
Salvation Army, The

Sexual Assault Centre of Edmonton
Siegl, Maria B.; Citizen
Sinclair, Patti; Citizen
Simon House
Smith, Cathy; Citizen
Society of Medical Officers of Health of Alberta
Some Other Solutions Society for Crisis Prevention
Spectrum
Strathcona County Board of Education
Strathcona County Family and Community Services
Thivierge, Remi; Marriage and Family Therapist
Tayler, Steffany K.; Citizen
Troman, Jim; Citizen
University of Alberta, The
University of Calgary, The — Faculty of Medicine
University of Lethbridge
Walter A. Slim Thorpe Recovery Centre
Wetaskiwin, City of — Family and Community Services
Wood's Homes
Wu, Dr. John; Physician

**Oral Presenters at Public Meetings:**

Baldwin, Terry; Citizen
Bigstone, Ray; Citizen
Bird, Linda; Citizen
Bjornson, Pete; Citizen
Borden, Jerry; Citizen
Campion, Fred; Citizen
Chamney, Dick; Citizen
Collins, Tracey; Psychiatric Nurse
Collins, Sr., J.T.; Reverend
Cook, Michael; Citizen
Craig, Dr. David; Physician
Cyr, Gerry; Addictions Counsellor
Deharveng, Charles; Priest
Eppen, Judy; Nurse
Foulds, Allison, Citizen
Frietag, David; Counsellor
Friesen, Howard; Family Therapist
Gaboury, Jackie; Crisis Line Worker
Geer, Shannon; Community Liaison Worker
Geiger, Lesley; Activities Coordinator, Lakeland FCSS

Giroux-Smith, Billie; Alcohol/Drug Worker
Gladue, Marcel; Citizen
Hall, Ann; Social Service Professional
Hedges, Verda; Citizen
Hodgson, Maggie; Director, Nechi Institute
Jantzen, Mark; Pastor
Jober, Stan; Citizen
Jones-Short, Dena; Social Worker
Kalkan, Wendy; Board Representative, South Country Alcohol and Drug Treatment Centre
Kulmatycki, Brian; Citizen
Lander, Dr. David; Physician
Leffingwell, Dale; Child Care Worker
Lehr, Roger; Mayor, Wainwright
Leigh, Gordon; Citizen
Leischner, Henry; Citizen
Liebel, Marcia; Nurse
Littlechief, Roy; Citizen
Loftus, John; Director, Action North
Love, Barb; Public Health Nurse
Loyer, Lois; Citizen
Mabin, Bruce; Citizen
MacDonald, Janet; Citizen
Massimo, Linda; Family Support Counsellor
McDowell, Dr. Pam; Alberta Co-Dependency Institute
McKay, Karen; Social Worker
McMurray, Elaine; President, Parents Support Association of Alberta
McRee, Madge; Citizen
Moir, Dianne; Consultant
Mowat, Marg; Citizen
Neustaeter, Bill; Mental Health Worker
Omotani, Les; Assistant Superintendent, Public School Board of Medicine Hat
Purdy, George; Citizen
Robins, Kris; Addictions Counsellor
Gilbert, Roy; Citizen
Russell, Bonni; Citizen
Schnell, Mavis; Citizen
Shpytkorsky, Susan; Citizen
Simpson, Eric; Citizen
Staddon, Sean; Consultant
Stevens, Grant; High School Principal

Stewart, Phyllis; School Board Trustee
Stubbert, Val; Citizen
Tatro, Ray; Citizen
Tindell, Linda; Citizen
Twinn, Catherine; Citizen
VanWallingham, Ralph; Police Officer
Weins, Stan; Citizen
Wilson, Ron; Citizen
Yellowhorn, Caroline; Counsellor
Young, Pat; Citizen

**Correspondence Received:**

Alberta Community Health Nurses Society
Alberta Hospital Ponoka
Alberta Public Health Association
Arnold, Ken; Citizen
Beagle, Jay P.; Citizen
Calgary Foundation, The
Catholic Social Services
Crestwood Mennonite Brethren Church
Gibbons — Family and Community Support Services
Hinton — Community Services Board
Leduc, County of; Board of Education
Lethbridge, City of
Lethbridge Community College
Onoway, Village of
Recovery Acres
Red Deer College, Office of the President
Royal Canadian Mounted Police, "K" Division
Rural Health Care Association of Alberta
Scherban, Yvonne; Sexuality Education Consultant
Scouts Canada — Edmonton Regional Council
Turner, Cliff G.; Citizen
Wright, Clifford; Citizen

# Appendix C: Overview of AADAC Services

## A. Introduction

The Alberta Alcohol and Drug Abuse Commission (AADAC) is an agency of the government of Alberta responsible for providing Albertans with assistance in dealing with alcohol and drug concerns. AADAC is directed by a chairman and a citizens' board appointed by the provincial government. AADAC is funded by a grant from the province (over $30 million in 1989-90).

## B. AADAC Direct Services

AADAC provides a range of prevention and treatment services through a province-wide network of offices. This network includes outpatient counselling offices, detoxification centres, residential treatment programs, and referral services to other agencies and support groups such as Alcoholics Anonymous, Al-Anon, and Alateen. AADAC's counselling, detoxification and educational services are provided without charge, although there may be a cost for selected materials. Nominal registration fees are charged at the inpatient treatment centres. AADAC employs close to 400 full time staff in over 30 service locations and currently serves approximately one-quarter of a million Albertans through its education and treatment services.

### 1. Detoxification (Detox)

These are non-medical facilities that provide a short-term, safe and supervised environment in which intoxicated persons may withdraw from the effects of acute intoxication. Referrals are provided to on-going treatment centres.

There are two detox centres, one in Edmonton and one in Calgary.

### 2. Inpatient

These are institutions that provide specialized, intensive residential program services within a protected and supportive environment.

The two inpatient facilities are the Henwood Treatment Centre near Edmonton and the Lander Treatment Centre at Claresholm.

### 3. Outpatient

Twenty-three AADAC outpatient offices provide alcohol and drug counselling, information and referral services, community education and family support services to anyone with an addiction problem.

AADAC counsellors work with clients to develop strategies that will help these individuals deal with problems associated with substance abuse.

### 4. Adolescent Treatment

This specialized, province-wide treatment program for adolescents includes: comprehensive assessment and referral service; specialized outpatient counselling; a day/evening program (with residential support available) for teens with more severe problems; aftercare; parental support; and consultation for other service providers. Currently the assessment and outpatient counselling components have been implemented on a province-wide basis.

### 5. Prevention and Education

Education and prevention programs are offered for a wide range of school, community and business groups.

In 1981, AADAC introduced a major prevention initiative for youth with 12-17 year olds as the priority target group. In May 1989, a new phase of the media campaign, "It's my time, it's my turn", for adolescents was launched.

AADAC has developed and promotes Peer Support programs in Alberta schools.

Specialized resources and materials are developed and implemented, e.g. educational theatre, the youth magazine Zoot Capri, as well as program packages for community use such as "Payoff!", for Workplace Programs, and "Drive Alive", a resource for teens on drinking and driving.

### 6. Information and Training

This includes library services; program evaluation; corporate planning and management information systems; and workshops and training events for staff, key professional groups and the general public.

### 7. Advisory and Policy Development Support

AADAC consults and liaises with the Government of Canada on issues concerning health, impaired driving, alcohol promotion and the National Drug Strategy.

AADAC also consults and liaises with Alberta government departments with mandates in education, health care, alcohol regulation and drug control.

AADAC contributes to international development through hosting of major conferences, consulting with international bodies such as the World Health Organization and supporting international training programs in the addictions area.

## C. AADAC Funded Agencies

AADAC provides funding for 29 agencies operated by community-based boards as independent societies throughout the province. Agencies funded by AADAC operate detoxification centres, inpatient treatment programs, halfway houses and educational programs.

## D. Future Developments

### 1. Adolescent Treatment — Final Phase

The program components of assessment, referral, outpatient counselling, aftercare, and related services commenced in April, 1989. The day/evening service, and residential support component, will commence in early 1990.

### 2. Northern Addictions Centre

The Northern Addictions Centre will be located in Grande Prairie and is scheduled to be operational by early 1991. Comprehensive services will include on-site detoxification (20 beds), inpatient treatment (30 beds) and outpatient counselling.

In the spirit of the Western Premiers Initiative to promote access to specialized programs on a regional basis, both the Adolescent Treatment Program and the Northern Addictions Centre will be accessible to residents of the Western provinces. The Northern Addictions Treatment Centre will be in a good location to accept referrals from northern British Columbia and the Northwest Territories.

### 3. New Area Offices

An announcement was made in November 1989 that five new AADAC offices would be opening in the communities of Stettler, Whitecourt, Athabasca, Provost and Crowsnest Pass. The new offices are expected to be fully operational by June 1990.

## E. AADAC Budget Estimates, 1989–90

**Alberta alcohol and drug abuse commission**
**1989-90 budget estimates**
**for treatment, prevention and education**

| Budget Area | Estimate | Percent |
|---|---|---|
| Administration | $2,620,965 | 8.6% |
| Provincial Prevention and Education Services | $5,956,905 | 19.5% |
| Field Services (Outpatient Area Offices) | $8,752,500 | 28.6% |
| Institutions (Inpatient and Detoxification) | $5,874,995 | 19.2% |
| Funded Agencies | $7,356,099 | 24.1% |
| **Total** | **$30,561,464** | **100.0%** |

## F. AADAC Service Summary

### 1. AADAC Treatment Services, 1988-89

| Type of Admission | Number | Percent |
|---|---|---|
| Number of Clients Admitted | 16,005 | 83% |
| Number of Collaterals Admitted* | 3,273 | 17% |
| **Total** | **19,278 **** | **100%** |

* Collaterals are individuals who are admitted to receive assistance in dealing with someone else's substance abuse problem.

** Total admissions to AADAC has increased by about 50% from 12,874 in 1981-82 to the present.

**Client Admissions Only**

| by Sex | Number | Percent |
|---|---|---|
| Male | 11,683 | 73% |
| Female | 4,322 | 17% |
| **Total** | **16,005** | **100%** |

| by Age Group | Number | Percent |
|---|---|---|
| Under 18 | 960 | 6% |
| 18-19 | 640 | 4% |
| 20-24 | 1,921 | 12% |
| 25-29 | 2,881 | 18% |
| 30-34 | 2,880 | 18% |
| 35-39 | 2,241 | 14% |
| 40-49 | 2,721 | 17% |
| 50 and Over | 1,761 | 11% |
| **Total** | **16,005** | **100%** |

| by Primary Drug Problem | Number | Percent |
|---|---|---|
| Alcohol | 12,324 | 77.0% |
| Heroin/opiates | 400 | 2.5% |
| Hallucinogens | 64 | 0.4% |
| Marijuana/hashish | 1360 | 8.5% |
| Tranquilizers | 448 | 2.8% |
| Barbiturates | 48 | 0.3% |
| Amphetamines | 65 | 0.4% |
| Cocaine | 736 | 4.6% |
| Solvents | 80 | 0.5% |
| Other | 208 | 1.3% |
| Not Reported | 272 | 1.7% |
| **Total** | **16,005** | **100.0%** |

| by Type of Facility | Number | Percent |
|---|---|---|
| Detoxification Centre | 4,802 | 30% |
| Inpatient Centre | 2,241 | 14% |
| Outpatient Centre | 8,962 | 56% |
| **Total** | **16,005** | **100%** |

### 2. AADAC Community Education Services, 1988–89

| Recipient Group | Projects Completed | Number of Sessions |
|---|---|---|
| School | 810 | 2,117 |
| Occupational/Professional | 195 | 439 |
| Health Systems | 116 | 277 |
| Social Services | 153 | 369 |
| Community | 513 | 540 |
| Media | 131 | 169 |
| Legal System | 49 | 54 |
| **Total** | **1,967** | **3,965** |

### 3. AADAC Funded Agencies, 1987–88

| | |
|---|---|
| Number of Funded Agencies | 29 |
| Number of Programs Receiving Funding | 43 |

| Admissions by Type of Treatment | Number | Percent |
|---|---|---|
| Detoxification Centres | 4,597 | 32% |
| Inpatient Centres | 2,070 | 15% |
| Halfway Houses | 1,138 | 8% |
| Outpatient Centres | 6,366 * | 45% |
| **Total** | **14,171** | **100%** |

* In addition to these admissions, there were 46,952 admissions to the overnight shelters associated with detoxification units, 705 participants in 32 regular training courses, and 1,388 participants in outreach services.

## G. Adolescent Alcohol and Drug Use in Alberta

### 1. Delivery of AADAC Treatment to Adolescents

Adolescents represented 7% of all AADAC admissions during 1987-88. The number of adolescents (12-17 years old) who were admitted to AADAC's treatment programs for their own alcohol and drug problems almost tripled from 365 in 1981-82 to 1,040 in 1987-88. Over this period the majority of adolescents (85%) who sought assistance came for outpatient counselling, a further 8% for detoxification and the remaining 7% for inpatient treatment.

**Primary Drug of Concern Upon Admission for Adolescent Clients 1981-1988**

| Primary Drug Problem | Percent |
|---|---|
| Alcohol | 51.9% |
| Cannabis | 38.5% |
| Hallucinogens | 2.1% |
| Heroin/Opiates | 1.4% |
| Tranquilizers | 0.6% |
| Amphetamines | 0.5% |
| Cocaine | 0.3% |
| Barbiturates | 0.3% |
| Other | 4.4% |
| **Total** | **100.0%** |

The characteristics and problems of adolescents that came to AADAC from 1981 to 1988 remained fairly constant. During this period, over half (52%) of adolescents reported alcohol as their primary concern, while 38% reported cannabis. Slightly less than 10% reported problems with a variety of other drugs.

## 2. Prevalence of Substance Use Among Adolescents

**Reported Drug Use Among Albertans 12-17 Years of Age**

| | 1981 | 1983 | 1985 | 1986 | 1989 |
|---|---|---|---|---|---|
| Alcohol | 55% | 48% | 47% | 46% | 48% |
| Tobacco | 28% | 19% | 21% | 20% | 19% |
| Cannabis | 25% | 15% | 15% | 13% | 12% |
| Hallucinogens* | 6% | 5% | 4% | 5% | 5% |
| Solvents/Inhalants | N/A | N/A | 3% | 5% | 4% |
| Amphetamines* | 5% | 5% | 4% | 4% | 4% |
| Barbiturates* | 1% | 2% | 1% | 2% | 3% |
| Cocaine/Crack | 4% | 3% | 2% | 2% | 4% |
| Heroin | 1% | 1% | — | 1% | 2% |

* Non-Prescription Drugs

Alcohol, tobacco and cannabis have been and continue to be the three drugs used most by Alberta adolescents. The use of all substances by adolescents has either declined or has been generally stable over the course of the 1980's.

# Appendix D: Other Substance Abuse Programs by the Alberta Government

## A. Introduction

Other provincial government departments besides AADAC provide services that directly or indirectly address alcohol and drug problems. Indeed, across the spectrum of human services operated by the provincial government, a host of programs have the effect of helping to reduce or prevent substance abuse, secondary to their primary purpose.

Time constraints did not permit the opportunity to canvass all government departments. However, to meet the immediate information needs of Committee members, appropriate personnel were contacted in five departments (Solicitor General, Education, Family and Social Services, Health, and Municipal Affairs) to obtain basic information on programming in their departments which have some explicit if not always exclusive focus on substance abuse. Budget figures are provided where available.

Following sections highlight key features of available programming.

## B. Solicitor General

The Department of the Solicitor General delivers and funds a wide range of services and programs addressing substance abuse issues for offenders and the general population. These initiatives take place in the areas of correctional services, law enforcement, and impaired driving and, in many cases, involve other government agencies and community groups.

### 1. Correctional Services Division

#### a) Young Offenders — Custody Programs

Alberta Correctional Services has established a variety of custody facilities throughout the province designed to meet the varied needs of young offenders.

Young Offender Centres: The department operates six Young Offender Centres, each of which offers drug and alcohol abuse programs which have a mandatory and an optional component. All young offenders are expected to take part in a drug and alcohol information series. Those with serious alcohol or drug problems may receive services within the Centre from Alcoholics Anonymous or Narcotics Anonymous.

Group Homes and Camps: The department operates twelve Group Homes. Life skills groups are provided as well as alcohol and drug counselling and community outings to Native Cultural events.

Custody Homes: The department operates fifteen custody homes. They provide a placement emphasizing a regular family setting for selected open custody offenders.

**b) Adult Offenders — Custody Programs**

Alsike Impaired Drivers Program: Located near the hamlet of Alsike in west-central Alberta, the Alsike Program uses a 14 day information-education format for incarcerated impaired drivers motivated to overcome their alcohol dependency. Follow-up is provided through community agencies such as AADAC. The budget for this program is $371,000.

Addiction/Impaired Drivers Program: All correctional centres offer a variety of programs for offenders who have committed offenses while under the influence of alcohol or drugs, or who have a history of substance abuse. Selected centres offer a five day and a nine-day addictions program.

**c) Community Programs**

Attendance Centres: Special Attendance Centres, operated under contract by Native Counselling Services of Alberta, have been established in several isolated northern Native communities. These centres address recreational, educational, substance abuse, and cultural concerns for young offenders.

Alternative Supervision Program and Impaired Drivers Addictions Program: Operated by the Salvation Army on contract to Alberta Correctional Services, these programs provide drug and alcohol programs in the community to adult offenders residing at home or on day-release in Edmonton and Calgary. The annual budget for the Impaired Drivers Addictions Program is $170,000.

## 2. Law Enforcement Division

Various police initiatives, carried out with the financial support of Law Enforcement Division, address alcohol and drug issues. Law enforcement initiatives are cost-shared among municipalities, the provincial government, and the federal government.

**a) Police Drug Investigation/Education**

The RCMP and municipal police services have, in recent years, dedicated significant human resources to drug enforcement and education. Approximately 100 positions, province-wide, support these activities.

## 3. Impaired Driving

The department operates a number of programs in this area with an overall budget of $1.185 million

**a) Enforcement Initiatives**

The department pioneered the use of roadside checks with police in 1973. This evolved into the Checkstop Program. Key initiatives include:

New Checkstop Vehicles: During 1988-89, twelve new minivans to serve as "moving billboards" were purchased for municipal polices services and the R.C.M.P. Three Checkstop Mobile Breath Alcohol Testing Vans were provide to the cities of Edmonton, Calgary, and Lethbridge.

Police Coordinators: Special coordinators were hired for the major police agencies and the R.C.M.P. to develop enforcement programs to combat impaired driving in their areas and to advise the department on new enforcement initiatives.

Experimental Programs: A mechanical vehicle immobilization program (the "Denver Boot") was implemented province-wide in 1989 and an ignition interlock program (device that requires the driver to pass a breath test prior to starting their vehicle) is being developed.

**b) Education/Prevention Initiatives**

Advertising Campaign: A campaign using billboard and supporting newspaper messages was instituted.

Educational Video: During 1988-89 the department developed an educational video entitled "The Party's Over" with the financial assistance of the Alberta Law Foundation, Labatt's, General Motors of Canada, Texaco, Alberta Motor Association, and the Alberta Teachers Association.

**c) Community Action Initiatives**

Impaired Driving Countermeasures Committee (I.D.C.C.): This committee was established in September, 1988 to act in an advisory capacity to the Solicitor General. Its membership consists of representatives from other government departments, community groups, private sector corporations, and the public at large. The Committee's mandate includes research and program development to reduce impaired driving as well as information programs to increase public awareness of the consequences of impaired driving.

Grant Funding: The department provides one-time grants to community groups, or non-profit organizations engaged in voluntary initiatives to prevent impaired driving in their communities.

The Impaired Driving Countermeasures Committee also administers a grant program entitled "Community Action Program on Impaired Driving" as part of Health and Welfare Canada's National Program on Impaired Driving.

Designated Driver Program: This program was developed with the cooperation and support of the Alberta Restaurant and Food Services Association, Alberta Hotel Association, Alberta Liquor Control Board and community leagues. The program was launched September 1989 with the financial support of Shell Canada, Labatt's, and Coca Cola.

"Tagged ... for Life": This pilot program, sponsored jointly by the University of Alberta Hospitals and the departments of the Attorney General and Solicitor General, takes selected problem drivers, aged 16 to 24, through an intensive day at the hospital, including visits to the emergency trauma room, the neurosurgical intensive care unit, as well as discussion with a paraplegic.

**d) Mobilizing Stakeholders**

A brochure was developed and forwarded to identified stakeholders early 1989 inviting community groups, private sector corporations, and

other interested stakeholders to become involved with the department in impaired driving initiatives.

## C. Education

Alcohol and drug education in Alberta's schools focuses on providing students with comprehensive information which will assist them in making healthy lifestyle choices. These topics are part of the core program at all grade levels and are therefore taken by every student in the province. Following is an overview of key alcohol and drug-related course content.

### 1. Elementary School (Grades 1-6)

Within the "Body Knowledge and Care" Theme of the Elementary Health Program students receive instruction about diseases and drugs, including information on prescription and non-prescription drugs and harmful effects of drugs. The main concepts covered within each grade level are as follows:

| | |
|---|---|
| Grade One: | Medicine Chest and Hazardous Symbols |
| Grade Two: | No direct instruction |
| Grade Three: | When to Use Medicines and Drugs |
| | Refusing Substances from Strangers |
| | Health Hazards of Smoking |
| Grade Four: | Drugs, Effects and Use |
| | Types of Drugs |
| | Why People Use Drugs |
| | Effects and Use of Caffeine |
| Grade Five: | History of Tobacco |
| | Effects of Tobacco |
| | Smoking and Sports |
| | Reasons for Smoking |
| Grade Six: | Taking Drugs Under Supervision |
| | Reasons for Taking Drugs |
| | Alternatives to Drugs |
| | Alcohol, Effects and Use |
| | Effects of Smoking |

At the grade six level, within the sub-theme "Protecting People's Health" students also learn about assistance available for persons with alcohol-related problems and how living habits relate to mental and physical health.

## 2. Junior High School (Grades 7-9)

Students are expected to be able to do the following as a result of their instruction in Health and Personal Life Skills course.

Grade Seven: Theme IV: Body Knowledge and Care

- define drugs, drug use and drug abuse
- develop awareness of the similarities among various types of drug abuse
- understand that any given drug has many possible effects
- be aware of the facts and myths about drug use/abuse
- recognize why people use/abuse drugs
- evaluate risks related to drug use/abuse
- understand the legal aspects of drug use/abuse

NOTE: Teachers are told that "careful selection of drug information reflecting consideration of age, maturity and community is necessary to deal appropriately with this sub-theme."

Grade Eight: Theme IV: Body Knowledge and Care

In addition to the objectives outlined for grade seven students, grade eight students receive instruction which will help them do the following:

- recognize the dangers created by drug interactions
- develop an accurate perception of the causes and consequences of drug use/abuse
- apply decision-making skills in relation to drug use/abuse
- recognize that individual lifestyles promote alternatives to drugs
- identify appropriate referrals for various drug use/abuse information and concerns

Grade Nine: Theme IV: Body Knowledge and Care

The curriculum at this grade level does not deal with drug use/abuse in a separate section. Material related to this topic is interwoven throughout the course as students focus on specific issues and concerns they have. The only direct mention of drug use or abuse is the area of careful selection and responsible use of health care products and services appropriate to the health needs of the individual. For example, students may discuss over-the-counter drugs and how to use them responsibly.

Throughout the Health and Personal Life Skills Program of Studies, students are encouraged to make responsible lifestyle choices which promote health and well-being. The activities suggested for teachers to incorporate in their delivery of the Program vary considerably. Some teaching strategies suggested are: incorporation of the AADAC programs and services, inviting local resource persons into the class to speak to various drug related issues (i.e., pharmacists, lawyers, police officers), use of audio-visual materials to support verbal and written material, and using a decision-making model to practice ways of assertively "saying no" to drug use/abuse.

### 3. Senior High School (Grades 10-12)

At the senior high level alcohol and drug abuse is addressed in Career and Life Management 20, a core course taken by all grade eleven students. In this course, information about substance use and abuse is integrated primarily within two themes: Self Management and Well Being. The treatment recognizes that high school students make decisions about substance use within the context of their personal environment, combining how they feel about themselves, their goals and the influence of those who are significant to them (parents, peers, etc.). The course builds upon the information that students have gained in their elementary and junior high classes. It encourages students to build effective decision making skills and plans to achieve their short and long term goals. Within this context students discuss the impact substance use can have on their plans and learn about the sources of assistance available to them.

## D. Family and Social Services

The Department of Family and Social Services is not mandated to operate programs that specifically and directly address alcohol and drug use or abuse. However, substance abuse issues may be part of the life situation of persons and families who access the programs operated by the department. In helping persons deal with crises, or helping them to improve their health and social functioning, department services can reasonably be thought to have an impact on substance abuse, although it is difficult to precisely trace their effects.

The two areas of the department where this impact is most likely to occur are in Child Protection Services and Family Support Services.

### 1. Child Welfare Services

Their purpose of these services is to ensure that the survival, security and development of children are protected. They are provided wherever possible within the context of the natural family, with the key objective of providing permanent, nurturing relationships to children.

Services are provided through:

a) investigation, apprehension, and supervision in child protection cases;

b) Family Support Agreements

c) Custody/Guardianship Agreements and Orders

d) Alternative Care Arrangements — Foster Care, Group Homes/ Institutions, and Adoptions

e) Special Advisor on Native Issues — serves as liaison with Native organizations, agencies, and communities on behalf of the department on a wide range of matters.

The budget associated with Child Welfare Services is as follows:

| | |
|---|---|
| 1988/89 Budget | $85,881,881 |
| 1988/89 Actuals | $88,440,154 |

These budget expenses exclude Program Support which is $37,608,365 budgeted for 1988/89 and an actual expenditure of $36,816,600.

### 2. Family Support Services

Among the programs operated by Family Support Services are:

#### a) Prevention of Family Violence

The Office for the Prevention of Family Violence provides support and leadership in developing an effective approach to the problem of family violence in Alberta. This includes abuse of women, men, children, and elderly in families. The Office provides information, education and training, consultation, and community liaison. The annual budget for the work of the Office is approximately $360,000. In addition, in 1989/90 and 1990/91, the Office will be providing $200,000 in funding for community-based family violence prevention projects.

#### b) Shelters For Homeless Adults

Residences provide indigent men and women with a sheltered environment and help them to regain and maintain their health and social functioning skills. Six residences operate throughout the province.

#### c) Women's Emergency Shelters

Shelters and satellite centres provide short-term, safe and supportive environments for abused women and their children and for other women in crisis.

Shelters and satellite centres are operated by community organizations. Government funding for these facilities and one second stage housing complex in Calgary, which provides longer term safe housing, is $5.2 million annually.

## E. Health

Alberta Health does not provide direct service delivery for substance abuse programs. Within the department's mandate, tobacco use and alcohol and drug issues are addressed as factors affecting the quality of health of Albertans. Through support to the health unit and hospital systems, programs are provided which address these issues.

### 1. Hospital Services Division

Alcohol and drug abuse are known to be important factors associated with the diseases and conditions for which people seek the help of physicians and hospitals. Researchers estimate that between 7%-15% of hospital admissions may be alcohol or drug-related, with the figure as high as 30% or more in some emergency rooms.

### 2. Public Health Division

Tobacco is an addictive substance which is the leading cause of premature death and disability. Substance abuse may be a factor in sexually transmitted diseases, including AIDS. Specifically with AIDS, injection

drug use is of particular concern as this practice may provide the disease with an entry point into the general population.

### 3. Mental Health Division

Mental Health Services provides treatment only for concurrent mental illness in those experiencing alcohol/drug-related problems, usually in conjunction with addictions treatment provided by AADAC. Substance abuse disorders comprise about 3% of cases terminated annually from Mental Health Services facilities.

## F. Municipal Affairs

### 1. Improvement Districts and Native Services Division

Unincorporated, Improvement Districts provide municipal services to their residents, in the same way towns, cities and other municipalities do. One of these services offered in some Improvement District are programs under Family and Community Support Services (FCSS). In many northern communities FCSS preventive programs are aimed at substance abuse.

Native Services, while not delivering direct services to Albertans, provides financial assistance to Native groups and organizations. These grants are based on a demonstrated need put forth by the Native groups. Between 1987 and 1989, a total of $326,600 was granted to 22 projects by Native Services. These projects were fully or partially focused on creating awareness of or the treatment of problems associated with substance abuse.

A Framework Agreement was signed in 1987 between the Metis Association of Alberta (M.A.A.) and the Minister responsible for Native Affairs. On December 1, 1989, Premier Don Getty and M.A.A. representatives renewed the Agreement for a three year period. The Agreement provides for a process which allows government and the Metis people of Alberta to work together to meet the needs of Metis Albertans. Subcommittees with representatives from both parties have been set up to address concerns and issues and develop strategies to resolve issues. Concerns or issues identified at the community level, including substance abuse and its effects on family life, can be addressed through this process at the level necessary to achieve the desired results.